2007 FOR PROFIT CORPORATIO行 ANNUAL REPORT

FILED Feb 08, 2007 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of Sta		
DOCUMENT # P0200009046 1. Entity Name TIN CITY ANTIQUE MALL, INC.	0			3	ecretary or St	
11740 SAN JOSE BLVD P	ailing Address O BOX 600435 ACKSONVILLE, FL 32260			7 1691 (1911 6111) 11111 11111		
DO NOT WRITE IN	N THIS SPAC	CE	01042007 4. FEI Numb	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional	
6. Name and Address of Current Regist	ared Agent		J. Certificate	O Status Desired	Fee Required	
MORGAN, ROBERT M 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257		DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	· — `	5.00 May Be Added to Fees			
10. OFFICERS AND DIREC	TORS					
D				000000 02/15/07-	626917 80040-008 150.00	
STREET ADDRESS 1401 STARLIGHT CT JACKSONVILLE, FL 32259 TITLE NAME STREET ADDRESS			DO	NOT W	DITE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-	THIS SP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-0

425-0000

Daytime Phone ≰